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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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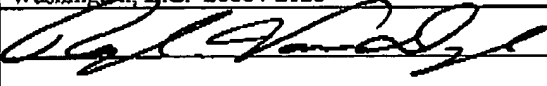
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/751,736	
	Filing Date	January 6, 2004	
	First Named Inventor	Robert Vincent MARTINEZ et al.	
	Group Art Unit	1642	
	Examiner Name	Lei YAO	
Total Number of Pages in This Submission		Attorney Docket Number	031896-002000 (AM 100927)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Reply to Restriction Requirement <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 (740819-383) for the above identified docket number.	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Other Enclosure(s):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Raymond Van Dyke, Reg. No. 34,746 Nixon Peabody LLP 409 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	June 23, 2005

CERTIFICATE OF MAILING**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

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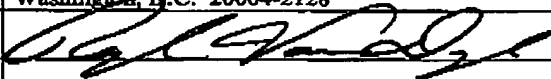
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Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 (740819-383) for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	<u>Raymond Van Dyke, Reg. No. 34,746</u> Nixon Peabody LLP 409 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	June 23, 2005

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Docket No. 031896-002000 (AM100927)
Patent

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JUN 23 2005

In re Patent Application of:)

Robert Vincent MARTINEZ *et al.*)

Art Unit: 1642

Serial No.: 10/751,736)

Examiner: Lei YAO

Filed: January 6, 2004)

Confirmation No: 2977

For: COMPOSITIONS AND METHODS FOR
DIAGNOSING AND TREATING COLON
CANCERS)CERTIFICATE OF TRANSMISSION
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Mail Stop AMENDMENT
Commissioner for Patents
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REPLY TO RESTRICTION REQUIREMENT

Sir:

In response to the May 23, 2005 Office Action, please amend the above-identified
application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of
this paper.

Remarks begin on page 6 of this paper.